

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90341 040 \*\*\*150.00

0553797 AV

**DOCUMENT # P00000057844**

**1. Entity Name**  
**LOVE YOUR FEET AND COMFORT FOOT FITNESS, INC.**

**Principal Place of Business**  
**2228-A WINTER WOODS BLVD**  
**WINTER PARK FL 32782**

**Mailing Address**  
**76 S MARBRISA WAY**  
**KISSIMMEE FL 34743**



**2. Principal Place of Business**

**3. Mailing Address**

**394 ORANGE LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Casselberry, FL**

Zip

Country

Zip

Country

**32707**

**Seminole**

**4. FEI Number 59-3657758**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CASTELLANO, MARIA**  
**76 S MARBRISA WAY**  
**KISSIMMEE FL 34743**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME **D CASTELLANO, MARIA**  
 STREET ADDRESS **76 S MARBRISA WAY**  
 CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE ☒ Change ☐ Addition  
 NAME **CASTELLANO, MARIA**  
 STREET ADDRESS **394 ORANGE LN.**  
 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**MARIA CASTELLANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(407) 678-9585**

CR2E034 (9/01)